

1. Grantee: _____
Project: _____
Fiscal Agency: _____
Grant Award #: _____ WP: _____

2. Type of Modification: ☐ Budget adjustment exceeding 10% clause allowance.
☐ Request for additional funding.
☐ Request for reduced funding.

3. Budget Category	Current Budget	Proposed Adjustment	Revised Budget
Salaries & Benefits	_____	_____	_____
Library Materials	_____	_____	_____
Operating Expenses	_____	_____	_____
Equipment	_____	_____	_____
Indirect Costs	_____	_____	_____
Totals	_____	_____	_____

4. Justification for modification: (Attach additional pages as necessary)

5. Project Director:
Signature _____ Date: _____ Address: _____ Phone: _____
Financial Officer:
Signature _____ Date: _____ Address: _____ Phone: _____

6. CSL USE ONLY:

State Librarian _____ Date: _____ Approved Disapproved

Fiscal Review _____

(initials)

LDS Primary Consultant _____ Date: _____ Approved Disapproved

(circle one)

Upon approval by the State Librarian, the above requested grant award modification constitutes an official amendment to the Consolidated Application and Grant Award Certification document # ____.
All amendments must remain a part of all existing copies of the document.

(circle one)